For Amnesty Filing Only Prepaid Sales Tax Instructions for completing Form ST-103P

- 1. Enter the total number of gallons sold for the period. Round to the nearest gallon.
- 2. Enter the total number of gallons sold where tax was not collected. Round to the nearest gallon.
- 3. Total taxable gallons sold Line 1 minus Line 2.
- 4. Prepaid sales tax due Line 3 x Current Prepaid Sales Tax Rate. See the voucher for the current prepaid sales tax rate.
- A payment made after the due date is subject to penalty and interest on the total on Line 4. The penalty is 10% (.10) of the total on Line 4, or \$5, whichever is greater. Daily interest computed from the due date of the voucher to the late payment by EFT, a penalty and interest assessment notice will be issued automatically. EFT taxpayers should not compute penalty and interest due on this line.
- 6. Enter the total amount paid this period by electronic funds transfer.
- 7. Adjustments This line is **not** for credits or underpayments from past reporting periods. You must attach an explanation to support any entry on this line. This line cannot be greater than the amount due.
- 8. Total amount due Line 4 plus Line 5 minus Line 6 plus or minus Line 7.

| For your records only. Do not send to the Indiana Department of Revenue. | | | | | | | | |
|--|------------|------------|------------------------------|------------|------------|-----------------|------------|------------|
| | Amount | of Tax Due | Amount of Tax Paid Date Paid | | Paid | id Check Number | | |
| Month | 1st Coupon | 2nd Coupon | 1st Coupon | 2nd Coupon | 1st Coupon | 2nd Coupon | 1st Coupon | 2nd Coupon |
| January | | | | | | | | |
| February | | | | | | | | |
| March | | | | | | | | |
| April | | | | | | | | |
| May | | | | | | | | |
| June | | | | | | | | |
| July | | | | | | | | |
| August | | | | | | | | |
| September | | | | | | | | |
| October | | | | | | | | |
| November | | | | | | | | |
| December | | | | | | | | |

| 9E01-T2 | Prepaid S State Form 444 | | |
|--|---|--|----------------|
| and complete voucher. | of perjury that this is a true, correct | Total Gallons Sold for Period | |
| Taxpayer ID Number | Phone: | Total Taxable Gallons Sold (Line 1 minus Line 2) 3. Prepaid Sales Tax Due (Line 3 X .) | Door Not Apply |
| Filing Status | Due on or Before | If late, penalty is greater of 10% of Line 4 or \$5, plus interest | Does Not Apply |
| P.O. BOX 6030 | RTMENT OF REVENUE D , IN 46206-6030 | Amount Due (Add Lines 4 & 5 minus Line 6 plus or minus Line 7) | |
| | | TAX AMNESTY '15 Act Now - Get Right - Move Forward | |
| 9F01-T2 | Prepaid S State Form 444 | | |
| Authorized Signature I declare under penalties and complete voucher. | of perjury that this is a true, correct | Total Gallons Sold for Period | |

| Authorized Signature I declare under penalties of perjury that this is a true, correct and complete voucher. | | Total Gallons Sold for Period1. | |
|--|------------------|---|-----------------------|
| | | Total Exempt Gallons Sold2. | |
| Date: Phone: | | Total Taxable Gallons Sold (Line 1 minus Line 2) 3. | |
| Taxpayer ID Number | For Tax Period | Prepaid Sales Tax Due (Line 3 X .)4. | |
| Filing Status | Due on or Before | If late, penalty is greater of 10% of Line 4 or \$5, plus interest | Does Not Apply |
| | | Electronic Funds Transfer Credit6. | |
| | | Adjustments - if a negative entry, place srackets> around amount (You Must Attach An Explanation) 7. | |
| INDIANA DEPARTMENT OF REVENUE P.O. BOX 6030 INDIANAPOLIS, IN 46206-6030 | | Amount Due (Add Lines 4 & 5 minus Line 6 plus or minus Line 7) | |



| כד וחסח ו | Prepaid Sa State Form 44470 | | | |
|---|--------------------------------------|---|----|----------------|
| ST-103P Authorized Signature |] 9] 5 State Form 44470 | Total Gallons Sold for Period | 1. | |
| I declare under penalties of pand complete voucher. | perjury that this is a true, correct | Total Exempt Gallons Sold | 2. | |
| Date: Pho | ne: | Total Taxable Gallons Sold (Line 1 minus Line 2) | 3. | |
| Taxpayer ID Number | For Tax Period | Prepaid Sales Tax Due (Line 3 X .) | 4. | |
| Filing Status | Due on or Before | If late, penalty is greater of 10% of Line 4 or \$5, plus interest | 5. | Does Not Apply |
| | | Electronic Funds Transfer Credit | 6. | |
| | | Adjustments - if a negative entry, place <brackets> around amount (You Must Attach An Explanation)</brackets> | | |
| INDIANA DEPARTMENT OF REVENUE P.O. BOX 6030 INDIANAPOLIS, IN 46206-6030 | | Amount Due (Add Lines 4 & 5 minus Line 6 plus or minus Line 7) | | |
| | | TAX AMNESTY '15' Act Now · Get Right · Move Forward | 5 | |